

PRODUCER OF WASTE (Must be filled by producer)

Name Alcoa ☐ ☐ ☐ ☐ ☐ ☐

(PRINT OR TYPE)

Pick up Address: _____ (NUMBER) (STREET) (CITY) Los Angeles _____ CODE NO. _____

Telephone Number: (____) _____ P.O. or Contract No.: _____

Order Placed By: _____ Date: 10-29-77

Type of Process which Produced Wastes: Boiler Cleaning ☐ ☐ ☐ ☐ ☐ ☐

(Examples: metal plating, equipment cleaning, oil drilling - wastewater treatment, pickling bath, petroleum refining)

DESCRIPTION OF WASTE (Must be filled by producer)		
Check type of wastes:		
1. <input type="checkbox"/> Acid solution	6. <input type="checkbox"/> Tetraethyl lead sludge	11. <input type="checkbox"/> Contaminated soil and sand
2. <input type="checkbox"/> Alkaline solution	7. <input type="checkbox"/> Chemical toilet wastes	12. <input type="checkbox"/> Cannery waste
3. <input type="checkbox"/> Pesticides	8. <input type="checkbox"/> Tank bottom sediment	13. <input type="checkbox"/> Latex waste
4. <input type="checkbox"/> Paint sludge	9. <input type="checkbox"/> Oil	14. <input checked="" type="checkbox"/> Mud and water
5. <input type="checkbox"/> Solvent	10. <input type="checkbox"/> Drilling mud	15. <input type="checkbox"/> Brine
<input type="checkbox"/> Other (Specify) _____		

Components: (Examples: Hydrochloric acid, lime, caustic soda, phenolics, solvents (list), metals (list), organics (list), cyanide)		Concentration:		%	ppm
Upper	Lower				
1.				<input type="text"/>	<input type="text"/>
2.				<input type="text"/>	<input type="text"/>
3.				<input type="text"/>	<input type="text"/>
4.				<input type="text"/>	<input type="text"/>
5.				<input type="text"/>	<input type="text"/>
6.				<input type="text"/>	<input type="text"/>

Hazardous Properties of Waste:

pH 8.10 ☒ none ☐ toxic ☐ flammable ☐ corrosive ☐ explosive

Bulk Volume: _____ ☐ gal ☐ tons ☒ barrels (42 gal.) ☐ other _____ (SPECIFY)

Containers: _____ (NUMBER) ☐ drums ☐ cartons ☐ bags ☐ other _____ (SPECIFY)

Physical State: ☐ solid ☒ liquid ☒ sludge ☐ other _____ (SPECIFY)

Special Handling Instructions (if any): _____

The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable).

I certify (or declare) under penalty of perjury
that the foregoing is true and correct.

SIGNATURE OF AUTHORIZED AGENT AND TITLE

HAULER OF WASTE (Must be filled by hauler)

ASBURY OIL CO.

13419 Halldale Ave., Gardena, California 90249
Phone: (213) 321-1392

Pick Up: 10-29-77 Time: _____ ☐ am ☐ pm
DATE: 15

State Liquid Waste Hauler's Registration No. (if applicable): _____

Job No.: _____ No. of Loads or Trips: _____ Unit No. 5

Vehicle: ☒ vacuum truck 100 barrels, ☐ flatbed, ☐ other _____
(SPECIFY)

The described waste was hauled by me to the disposal facility named below and was accepted.

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

SIGNATURE OF AUTHORIZED AGENT AND TITLE: [Signature]

DISPOSER OF WASTE (Must be filled by disposer) Name (print or type): <u>2425 So. Garfield Ave. Monterey Park Calif. 91754</u>		<table border="1" style="margin: auto;"> <tr> <td style="width: 30px; height: 30px;"></td> <td style="width: 30px; height: 30px;"></td> <td style="width: 30px; height: 30px;"></td> </tr> </table> CODE NO.			
Site Address: _____					
The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RWQCB requirements, State Department of Health regulations, and local restrictions.					
Quantity measured at site (if applicable): _____ State fee (if any): _____					
Handling Method(s):					
<input type="checkbox"/> recovery					
<input type="checkbox"/> treatment (specify): _____					
(EXAMPLES: INCINERATION, NEUTRALIZATION, PRECIPITATION)					
<input type="checkbox"/> disposal (specify): <input type="checkbox"/> pond <input type="checkbox"/> spreading <input checked="" type="checkbox"/> landfill <input type="checkbox"/> injection well					
<input type="checkbox"/> other (specify): _____					
If waste is held for disposal elsewhere specify final location: _____					
Disposal Date: <u>10-24-77</u>					
I certify (or declare) under penalty of perjury that the foregoing is true and correct.					
_____ SIGNATURE OF AUTHORIZED AGENT AND TITLE					
The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports.					

**FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING
HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.**

D.O.T. Proper Shipping Name

BILLING COPY